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0 2	4 4 1 U NUV	19	STATE DECISTRAR			CERTIFICATE OF DEATH	DE	G. NO.		
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	e 6 ±	(TYP)	ORPRINT)	11. 4	FARK	B K. L	11/-	7/6/		1/220
	may be page 3 er death			thy 11	oun	Sankert	- / /	100		M
		3. SE	(	A. RACE	1 /11 -	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS L			FUNDER 24 HRS
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	Fie K	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION		JPATION NOST OF WORKING LIFE)	12b. KIND OF B	SUSINESS OR
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27	e e e			OME OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE	ADMISSION)	1		12000	
9	Page 1	130.	STATE 13b.	ARROLL	WESTM!	N SPER 13d. INSIDE CITY LIMIT		ESS / ZIP CODE	2,16	7
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T A	grift de la cic	1 2	21g. ACCIDENT WAS UNDERLY	ING 7 21b. TIME	OF INJURY	21c HOW INJURY OF	CURRED (ENTERNATURE C		hand .	100
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024914 NOV 2	518	FOR STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 6	3 NO.	1 9	9 1
noy be poge 3 r deoth	I. DE	CEASED NAME FIRST	PY	Scott	T.	Barnes	20. DATE OF DEATH	MONTH	7-86	26. HOUR 750 P
offe,	3. SE	0 - 00 1	1. RACE Wh		S. DATE O	F BIRTH  DAY  YEAR	6 AGE (IN YEARS LAST 8	SIRTHDAY) YRS.	FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
deoth. Poge	Ma	IRTHPLACE (STATE OR FOREIGN OUNTRY)  Aryland	USA	WHAT COUNTRY?	WIDOWE				ounty	MD
200 and other of the following	Su	Kesuille	SUKESI	CHEACILITY, GIVE STREET	ADDRESS)	rother institution re Center	TYPE OF WORK FOR MOS	T OF WORKING LIF	E) INDUSTRY	F BUSINESS OR
BALTIMORE, MARYLAND 212  rate be executed within 24 house tien and completely filled in land.  Pages 1 and 3 should be fixed.  The medical example may be	Ma		rother institution NTY roll	130. CITY OR TOW Sykesv	N	13d. INSIDE CITY LIMITS? YES NO 🙀	1626 W.		2 iberty	1784 Rd.
E, MARY		ATHER'S NAME FIRST  George WAS DECEASED EVER IN U.S. AR	MIDDLE	Barne:		15. MOTHER'S MAIDEN N FIRST Martha	MIDDLE	RESRR 2	Bowe	n
LTIMOR be executed on on ond m. Poges	(	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	219-20-	3012	Virginia			Minnes	ota
		PART I. DEATH WAS CAUSE  IMMEDIA	nly one couse per ED BY: .TE CAUSE (o)	A .	tory	freet				MATE INTERVAL DISET AND DEATH
PRESTON ST.,  Ale aboth curit  ere of adding a  ereon curit  ereon curities are		Conditions, if ony, which gove rise to immediate cause (a), stating the	(b)	r as a consequi	- /	Metastaks i	in lung	1	mer	ithe
201 W. es that ned by please urial, cr		underlying couse last.  PART 2 OTHER SIGNIFICANT	(c)_	R AS A CONSEQUE		Adenocaring	MUX of CO	MDITION GIV	T y	eas
AI RECORDS, The low requir tion. id permit. Then the permit. Then the prior to be the prior to	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	7	N WAS PERFORMED	200. AUTOPSY? YES NO	20b. IF YES	5, WERE FINDIN FYING CAUSES	IGS USED OF DEATH? NO
DIVISION OF VITAL NG PHYSICIAN: The offending physicion fifter this certificate h os the buriol-tronsit p th and Mental Hygier orked at the fifter	EDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	HOUR A.	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCI	URRED (ENTER NATURE OF IN	JURY IN ITEM 18, P	ART 1 OR PART 2)	
DIVISION OF OFFENDATION OF OFFENDATION OF OFFENDATION	MEC	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY OR T	12	COUNTY	STATE
ATTEN[ Sspitol . ECTOR: d for us		220.1 certify that (1) (this hasp sow the deceased alive or obove (1) (we) (did) (did no 22b. SIGNATURE		c decessed from _	86 , on	d that in (my) (our) opinio	, 10			
by the Oby the ERAL DI Ce detoch State De ANT: If it		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	}	M	ATTENDING PHYSICIAN		AFF SICIAN []	11/	17/86
TO HOSPIT retoined by TO FUNER should be a with the Sit	23o. I	M K M BURIAL, CREMATION, REMOVAL	EVOY 236. DATE	236.1	NAME OF CE	Box 1	229 Sylver	ville	MD 2	.1784
BP	(	Burial		1986	Bet	hel	Winfie]		rroll,	Md.
DHMH - 16 50M 7/77 (VR A 15 (4))	C]	uneral director harles W. Bu:	rrier,	Jr. Sv	kesvi	17e Md 25a. D	OV 2 0 1986	R 25b. REGIST		IRE Includes

Photograph in the same

in the search of Thereing M. Borr ar. in Streethne, at Luis Collins and an area

	#15, per F.H. 11/19/86 kam STATE OF MA	
124239 NOV 18	D6 STATE CERTIFICATE	
	1. DECEASED NAME FIRST MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 25 HOUR
ay be nage 3 death	Truman Radcliffe Barn	es Nov. 8, 1986 10,35 <sup>p</sup>
4 may or, pa ofter d	3. SEX 4 RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR  MONTHS DATS HOURS MIN.
9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Aug. 1	
1 16 15	70. BIRTHPLACE (STATE OR FOREIGN 71. CITIZEN OF WHAT COUNTRY? MARRIED X N WIDOWED WIDOWED	EVER MARRIED DIVORCED Carroll Co. MD.
1 1 1	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHE	R INSTITUTION 120 USUAL OCCUPATION 125 KIND OF BUSINESS OR
100	Mt.Airy 4831 Buffalo Road	Truck Driver
1 155	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 138. COUNTY 136. CITY OR TOWN 136. IN: Maryland  Carroll  Mt. Airy 128. [136. IN:	SIDE CITY LIMITS? 13, STREET ADDRESS 21771  NO X 4831 Buffalo Road
2 1 12/10	14 FATHER'S NAME 15. MO	THER'S MAIDEN NAME Dickett
1000	Harry Barnes	Minnie Shipley
# (MM) 1	I VEC AND OR HANKADOWALL LIE VEC CRIE WAR OR DATES!	ORMANT ADDRESS
1	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-36-9968	Virgie M. Barnes, Same as # 13
BAIL Control Cooper Coo	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), (and (c)) PART I, DEATH WAS CAUSED 8Y:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
15 E 8 E 8 E 8	IMMEDIATE CAUSE (o)	7
O 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DUE TO, OR AS A CONSEQUENCES (Conditions, if any, which	
a de	gave rise to immediate	
¥ 5 7 5 5 5	cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
201 pless pless control	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART YOU
Part of the Control o		present preumonia
8 11110	190 DATE OF OPERATION 116. CONDITION FOR WHICH OPERATION WAS 210. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY 21c. HO	PERFORMED 1200 AUTOPSY? 420b. IF YES, WERE FINDINGS USED
1 1: 1:17	HE I I I I I I I I I I I I I I I I I I I	YES NO YES NO NO
The state of the s	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HO	OW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
\$ 10 to 10 t	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19	
No the state of th	216 INJURY OCCURRED 216. PLACE OF INJURY 21f LC	CATION STREET CITY OR TOWN COUNTY STATE
DIVISION NG PHYS after the contraction of the burn th and Me	WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	SINEE! CITY ON TOWN
Q 2 4 5 6 6	220.1 certify that (1) (his haspital) attended the deceased from	19 11, to 10 - 3, 19 66, that (we) last
# # # # # # # # # # # # # # # # # # #		(aur) opinion death occurred on the date and haur and from the causes stated
P P P P P P P P P P P P P P P P P P P	278. SIGNATURE PROPERTY OF THE BODY OFFICE COMMENTS OF THE GREE	22c. DATE SIGNED
24 25 E	Hoper Cylyle	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   //-/0 %
House by Control of the State o	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e A	DDRESS
0 5 0 6 5 5	236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION
BP	Burial 11-12-1986 Taylorsv	
	24 FUNERAL DIRECTOR	250 DAJE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
DHMH: 16 30M 2/80 (VRA 15, 4)	Charles W. Burrier, Jr., Sykesville	Md. NUV 14 1980 Julia Devidson Rendales

824231-111855 em; or over the tree as . gu Lierzei inne deviat dour tell of the state will to head ale then rive and an enter the flarest hardyne. -hmit Witten Property of the second of the September Committee and the second of the second

25442 DEC-		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO	
moy be poge 3 er deoth	(TYPE	CEASED NAME FIRST TVA	D.	Bennett		11- 26 - 82 10 25 AM
oge 4 irrector,	3 SE	Female	White	Aug - 20 189	6. AGE (INYEARS LAST BIR	MONTHS DAYS HOURS MIN.
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by the stilled with	U	ITY OR TOWN OF DEATH  LStninstel  AL RESIDENCE IF NURSING HOME OR.	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION (ADDRESS)	12a USUAL OCCUPATI (TYPHOF WORK FOR MOST O	
LAND 21 hin 24 ho ly filled in spoots be	13a. S	TATE MA. 13h COUN	TY ROLL AND STATE OF THE POPULATION OF THE POPUL	130 INSIDE CITY LIMITS YES NO NO NO	650 0	Id Liberty Rd
MARY omplete			MED FORCES? 166, SOCIAL SEC	Meliss	ADDRE	MALLOW
be exect on ond 's. Poges' e medic		(IF YES, GIVE	y one couse per line for 101, (b), o	3052 Clifford	Bennett 1	Dew Windson, Md.  BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON ST., BAB equite that the death certificate in the properties of the operation of removal. It is buriol, cremotion, or removal. injury, or other troumotic event, th	ATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c)	SELDSTIE CAR	LODUASULAS DI	
ITAL RECO	CERTIFICAT	190 DATE OF OPERATION		HOPERATION WAS PERFORMED	20a AUTOPSY?  YES □ NO ☑	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcap \) NO \( \bigcap \)
HYSICIAN anding physician	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 21f. LOCATION	CURRED (ENTER NATURE OF INJUIL	
obstrat or attending by the hospital or uneral director. A disched for use he State Dept. of Heal of RTANT: if hem 21 is m	W	sow the deceased glive on obove (I) two Client did not 226 SKRYLATURE	PRIVITY	DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS	ion death occurred on the do	ote and hour and from the causes stated  22c DATE SIGNED  FF 11 126 (SSC)
TO HOSS TO FUN Should b MAPORT.	23a. E	CURIAL, CREMATION, REMOVAL	23h. DATE 11-29-86 PA	NAME OF CEMETERY OR CREMATOR		Pennetton III siglia
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	INERAL DIRECTOR HA	ight Shaddress	le Md. N	DATE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE

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024580	NOV 2	194	FOR STATE REGISTRAR			DEP	ARTMENT OF F	E OF MARYL EALTH AND ICATE OF I	MENTAL HYG		G. NO.	1 3	7 4
			CEASED NAME	FIRST		WIDDLE	2	AST		20. DATE OF DEA		YEAR YEAR	26 HOUR
noy be	death	(11172	John	U		T.	BIX	Ler		11-4-8	6		2054 M
4 0	2	3. SEX	H		4. RACE		5. DATE O	OF BIRTH	8919	6. AGE (IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 HRS
leath. Page	In 72 hou	(	RTHPLACE (STATE OR FO		USA  **Married **Nevel**  Widowed **Discount Ry?**			MARRIED	9 BALTIMORE CI	TY OR COUNTY	OF DEATH	MD.	
20	Citied with	10. CI	PS/HINSTE	H	11. NAME OF (IF NOT IN SU	HOSPITAL, NU ICH FACILITY, GIVES A RROL L	CO. H	OSPITA	AL.	12a USUAL OCCU	PATION AOST OF WORKING LIFE LR	12b. KIND O INDUSTRY FAI	OF BUSINESS OR
MARYLAND 213 ed within 24 hou mpletely filled in	35	USU / 13a. S	AL RESIDENCE (IF NURSIN TATE MD.	IS HOME OR IS COUN CARR	OTHER INSTITUTION	13c. CITY OR	TOWN INSTER	13d. INSIDE C	NO 📉	13e STREET ADDR	ESS / ZIP CODE LTTLEST	OWN P	IKE 21157
RYL.	15 / Se / 1/4	14. FA	THER'S NAME		MIDOLE	LAST			S MAIDEN NA	ME	DIF	IAS	
MA ted v	10 PM		STERLI			IXLER			LTA		FLICKI	NGER	
BALTIMORE,	. Pages	16a V	(AS DECEASED EVER II ES, NO OR UNKNOWN) NO		E WAR OR DATES)		2-7829	HAZEL	BIXL		DDRESS		
ST., BAL1 sertificate	an papers emaval.		18 CAUSE OF DEATH PART I, DEATH WA	SCAUSE	D RV.	000		AR	REST				MATE INTERVAL ONSET AND DEATH
55, 201 W. PRESTON	or other trauma	Z	Conditions, if any, gove rise to imm cause (a), stating underlying cause	the last	(b)_ DUE TO, C		equence of	atic f	tean protesterm	Javetion Disease OR		EN IN PART 110	o'
AL RECORDS, he low report on. hos b	Permi	CERTIFICATION	19a. DATE OF OPERATI	ÓN	19b. CONE	DITION FOR WI	HICH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	NGS USED 5 OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN: The  attending physician fler this certificate in	Burial-transit p Mental Hygier		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEA	TH HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW IN	NJURY OCCURI	RED (ENTER NATURE C	F INJURY IN ITEM 18 P	ART I OR PART 2)	
DIVISION NG PHYSI offending	the ond ced o	MEDICAL	21d. INJURY OCCURRE	ε Π		OF INJURY TREET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATI STREE			OR TÓWN	COUNTY	STATE
TENDI Ital a	or us of He		22a. <b>I certify</b> that (I) ( saw the deceased abave, (I) (we) (di			8 8 miles	19 86, 0		, 19	death occurred on	,	and fram the	
TAL OR AT by the hosp RAL DIRECT	40		22b. SIGNATURE	rad	redu	Neige		1		MEDICAL DIRECTOR PH		111	Y PL
O HOSPITAL etoined by ti	음숙 8		CHITCH	CITE	Dur	vtext	N NA	700	Apo		vertini	when to	De1159
BP		(	URIAL, CREMATION, R	EMOVAL	236. DATE 11-7-	-86	BIXLE		EMETER	Y WESTM	INSTER,		OLL MD.
	6 60M 7/84 15, 4)	0	Lent Kyle	Pritts	Is. 2	Letmen	ester, 1	nel.	NON	1 8 HOD	Julia Sa	RAR'S SIGNAT	URE

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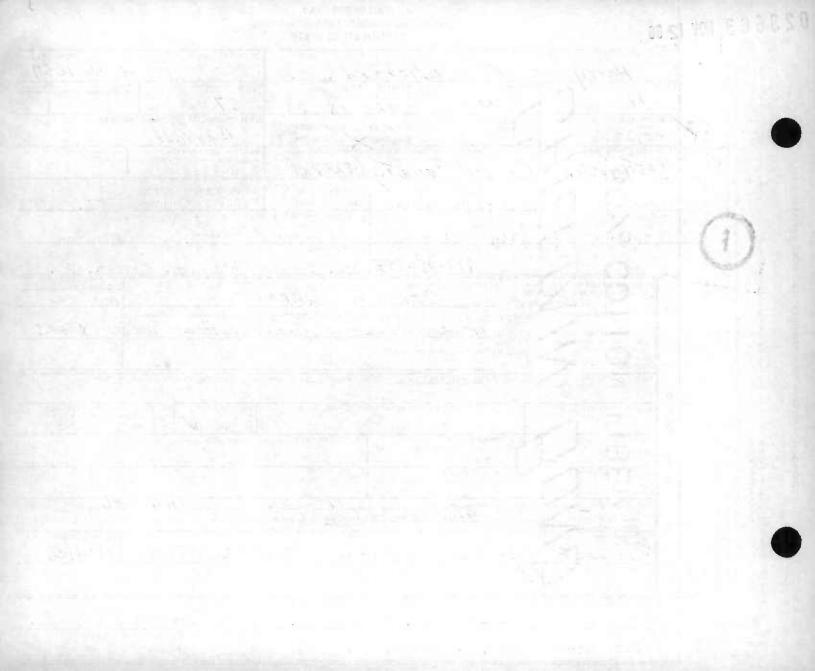
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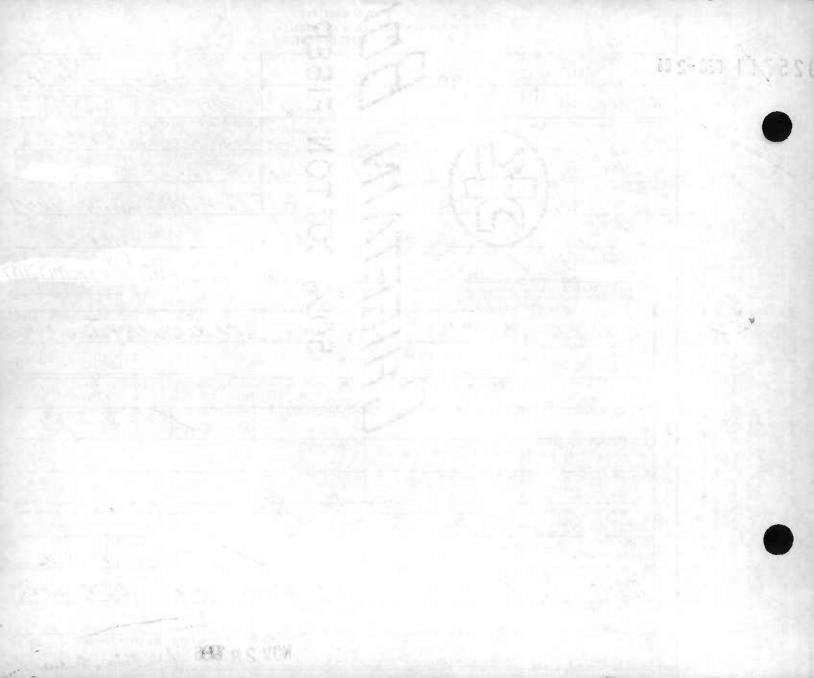
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Elime Funeral Home, Hampstead, Md. 25a DATE REC'D.

Balto



		1 -	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	31490
257	1 1 - DEC -2		EASED NAME FIRST	MIDDLE	LAST CAST	20. DATE OF DEATH MON	20 1100K
2313	degal La Hora	00	MAR	IE Ann	BOOTH	1	1-18-86 6 AM
	after o	3. SEX	EMALE	CAUCASION	5. DATE OF BIRTH  MONTH  DAY  YEAR  OLD	6 AGE IN YEARS LAST BIRTHDAY	YRS.
	35		RTHPLACE ISTATE OR FOREIGN OUNTRY) PLTO, MD.	76 CITIZEN OF WHAT COUNTS	RY? 8 MARRIED NEVER MARRIED  WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	COUNTY OF DEATH  COUNTY MD.
8	190	11	ESTMINSTER	11. NAME OF HOSPITAL, NUR CARROLL. LI	ISING HOME OR OTHER INSTITUTION REET ADDRESS! THERRAN VILLAGE	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO	RKING LIFE) 126. KIND OF BUSINESS OR INDIISTRY Hutzlers
TLAND 213	The first in	13a. S	THER'S NAME	OTHER INSTITUTION GIVE RESIDENCE BE NTY 13c CITY OR TO ROLL MESTI		130 STREET ADDRESS / ZIF	PRKSWAY 21157
MAR	106	)	Elijah	B. 14001	YER MAR	MIDDLE	Weber
BALTIMORE,	on and co		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN)	MED FORCES? 166 SOCIAL SE E WAR OR DATES) 216 - 0 3	(2 ()	Windsor Booth Jr 13	MD 21776 15 Western Chapel
7	Proposition of the control of the co		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	lly ane couse per line for (a), (b , D BY: [E CAUSE (o)]	and ic. C. H.F.		BETWEEN ONSET AND DEA Rd .
201 W. PRESTON ST	ed by the attendal		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	JJ7 U MU	Cardin	/ /
	flyen plant to bury, or	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 110
DIVISION OF VITAL RECORDS,	the low re-	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	CH OPERATION WAS PERFORMED	200 AUTOPSY? 200 YES NO NO	FIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{VES} \) NO \( \text{VES} \)
N OF VIT	ng physicion certificate prial-tronsit ental Hygie	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART I ORPART 2)
VISIO	er this the bu	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFI	CE, FARM ETC)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ortal or aft TOR: Aft or use os of Health		22a I certify that (1) (this hospi sow the deceosed alive an		134	2. to	ind hour and from the causes stated
	the hosp at DIREC etoched for te Dept. of: If Hem.)		22b. SIGNATURE	t) view the body after death.	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF	121. DATE SIGNED
0	retoined by the retoined by the should be det with the State		MANUEL	J. SEVILL	a 220 ADDRESS 6/1 NU	ruly Rd.	WESTAUNE
5	ē 543 ₹	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 2	31. NAME OF CEMETERY OR CREMATORY	23d COCATION	CO10174
	BP		Burial		Lorraine Park Cemete	CITT OIL FORTING	Baltimore MD
Di	HMH - 16 60M 7/84				s Directors, Inc No.	TE REC'D. BY REGISTRAR 25b	REGISTRAR'S SIGNATURE
	(VRA 15, 4)	8	728 Liberty Rd.	Randallstown	MD 21133	4 0 000 N.	La Deadon D. Las



DECEASED NAME 1981 MANA AND PEAR OF THE PART OF THE PA	23715 NOV 1	318	FOR STATE REGISTRAR		DEPARTM	MENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8 6	3	1 9	9 /
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The first of the control of the co	1 100		And the second s	11. NAME OF	HOSPITAL, NURSIN	IG HOME C				125. KIND OF INDUSTRY HOM	e BUSINESS OR
Roll	24 hours							130. SBF 280Wer	tz Rd,	21074	
Reference   Part   Continue	100	14. F/		Carey	Páttman	1				Pritch	ard
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  METASTATIC CARCINGMA OF IVER J. MANY J. MAN	Age of the second									ame as	13e
220.1 certify that (1) (this hospital) attended the deceased fram 7 My 19 10 10 10 10 10 10 10 10 10 10 10 10 10	(05, 201 W. PRESTANT  quies that the death s signed by the attends  Then please remove carl 30 burial, cremation, as nigry, or other traumati	NO	gave rise to immed cause (a), stating underlying cause PART 2. OTHER SIGNIF	hich (b) (b) (diate the last. (c) (c)	Carcin DR AS A CONSEQUE	OMA ENCE OF	of Sigmo		DITION GIVE	N IN PART 1(a	1
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THE TOWSON FALLERED HORS INC. 1916 YOUR CO.

DAVID G. WHITE M.D.

DEPARTMENT OF HEALTH AND MENTAL HYGIE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEMED NAME 20 DATE KNOWN TO MONTH DAY IS NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS MICHAEL BURDETTE DEATH MATED James 1219 86 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH 6. AGE (IN YEARS 26. DATE PRONOUNCED 2d. HOUR LAST BIRTHDAY) Male 3,1969 White July DEAD 12 19 86 |3P To, BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maryland U.S.A. WIDOWED [ DIVORCED Carroll County 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Mt. Student 4400 blk. Roop Rd. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4800 Diane Ave. 21771 Maryland Carroll Mt. Airv NO S 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Rodney Weslev Burdette Alice Diane Wark 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) No 213-02-7145 Rodney W. Burdette Same as 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries JMMEDIATE CAUSE (o)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, it any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR XXXXMONTH DAY YEAR UNDERLYING TOOR 1 P.M. 11-12-19 86 Driver of auto/fixed object impact. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. ZII. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 4400 blk. Roop Rd. Carroll MD road 220. I certify that Look charge of the remains described above, held on Inspection death resulted turn Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 11-13-86 Mn Assistant SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION 11-15-1986 Burial Springfield Sykesvijje Carroll

250. DATE REC'D BY REGISTRAR [256 REGISTRAR'S SIGNATURE Md. 07/84 24. FUNERAL DIRECTOR Charles W. Burrier, Jr. Sykesville, Md. **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

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026750 000	1 0	STATE REGISTRAR	MED	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH	REG. NO.		
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ARY, PLEASE L DIRECTOR. YOUR FILES. N 72 HOURS	3 SEX	ALE WHITE	5. DATE OF BIRTH MONTH DAY 2-19	YEAR LAST BIRTHDAY	IF UNDER 1 YR. IF UND	ER 24 HRS. 20 DATE MIN PRONOUNC DEAD	MONTH ED	DAY YEAR 30 194A	2d. HOUR 085
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGI - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO ECEASED NAME 20. DATE KNOWN TO MONTH PE OR PRINT ESTI-LEON PEARRE DEATH MATED 1986 DUPPINS, SR. 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. TIE LINDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED 1986 DEAD 30 29 Male Black 56 Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED IN NEVER MARRIED FOREIGN COUNTRY) U.S.A WIDOWED [ DIVORCED Maryland Carroll County 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS OR INDUSTRY Ouaker Hill Rd. Union Bridge Truck driver cement co. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Carrol1 NO 1990 McKinstry Mill Rd. /21791 Union Bridge YES [ 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST William Duppins Evelvn Davis 990 McKinstry Mill Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mary Jane Duppins 217-28-7228 Union Bridge, MD none 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO [ 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING TOR 1:10 xx 11-29-1986 Driver of truck/fixed object impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK road Ouaker Hill Rd. Union Bridge, Carrol MD Autopsy X 220. I certify that I that charge of the remains described above held on Inspection Inquiry and in my opinion death resulted from atural carses Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11-29-86 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS 0 × × 0 230. BURIAL, CREMATION, REMOVAL 236. DATE 73r NAME OF CEMETERY OR CREMATORY 73d. LOCATION STATE 12/3/86 Burial Lake View Memorial Park Sykesville MD 07/B4 Carroll 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** D. D. Hartzler Union Bridge, MD (VR A15 ME (5))

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07/8 <i>4</i> 25M	TO MEDICAL EXECUTE THE PAGE 4 SHOI TO FUNERAL AFFIRE DEFALL BALTIMORE, A	{:	EXAMINER'S NAME (TYPE OR PRINT)  JRIAL, CREMATION, REMOVAL PRINT 1 1  JUNERAL DIRECTOR  JAMES 1 1	Nov. 5, 198	Baltimo	Lutre S	ADDRESS 218 R CREMATORY  heran 'Ce t. 250 Date	m Taney	town.C			

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022	7	10 110		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIEN	
023	-/-	10 NO	JV 113	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.	
			T	DECEASED NAME FIRST	MIDDLE LAST TO DATE KNOWN TO MONTH	DAY YEAR 26. HOUR.
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		A 32.		ATHER'S NAME	15. MOTHER'S MAIDEN NAME	77-11-
	3	PM 3.	1.1	FIRST	MIDDLE LAST FIRST MIDDLE	Unknown
	BALTIMORE, MD.	RS AFTER DEATH. GIVE PAGES 1, VITH FORM PM PAGES AND 2	24	Frank	Keegan Susan F	Unknown
	Š	AFTER IVE PA H FOR AGES 4	11	(YES, NO, OR UNKNOWN) (IF YES, GIVE		
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	DIVISION OF VITAL RECORDS, 201 W.	ATE SHOULD BE EXECUTED WITHIN 24 HOUR IS WORD, "PENDING" IN PERCIL IN ITEM 1B. HE CHIEF MEDICAL EXAMINER ALONG W D. BE USED AS A BURIAL-TRANSIT PERMIT. ENT OF HEALTH AND MENTAL HYGIENE, IN	Ĭ	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)	110/10/15
	OR	A PIC	<b>₹</b>		SOURCE TO THE TERMINAL DISEASE OF CONDITION GIFER IN PART   101	
	EC	WEN WE AS	č,	190. DATE OF OPERATION		
	3	WORD "PER WORD "PER WED A BE USED A MEA	1	198. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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		CEASED NAME	FIRST	MIDDLE	LAST	2a DATE OF DEATH	
oy be death	{TYP	E OR PRINT)	Edna	M.	Hohman	Novembe	r 8, 1986 5.00 f. m
4 mc	3. SE	x Female		White	July 22, 189	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
ath. Page	P6. B	IRTHPLACE (STATE)	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	- 9 BALTIMORE CITY OF	185.
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D € 5 4 3 ₹	230	BURIAL, CREMATIO	N, REMOVAL	23b. DATE 23c	NAMÉ OF CEMETERY OR CREMATO	DRY 23d. LOCATION	COUNTY STATE
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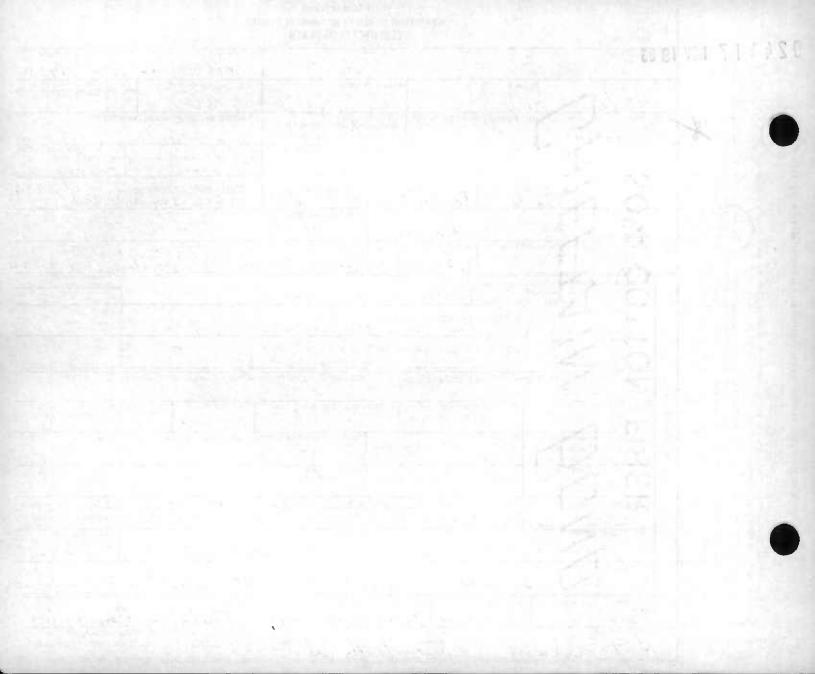
STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGII 025491 DEC STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO MIDDLE DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) MICHAEL A LLEN DEATH MATED HOUSTON 21 19 86 3. SEX 4. RACE . DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED :45 June 22, 1960 White 26 Male DEAD 19 86 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland Carroll County WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Sykesville Liberty Road Bridge 26 -Carpenter Cnstr. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d INSDE (ITY LIMITS? | 13e STREET ADDRESS | YES | NO [X | 2650 S. Baumgardner Rd./21757 13a. STATE 136. COUNTY 13c CITY OR TOWN Maryland Carrol1 Kevmar 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John L. John Houston Carol 166 SOCIAL SECURITY NO 17. INFORMANT AS DECEASED EVER IN U.S. ARMED FORCES? 2650 PESS Baumgardner Rd/ John W. Houston Keymar, MD 21757 216-78-7502 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, it only, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ATE WRITING THE WASHER WELL OF THE CHIEF WE CANADOLD TO THE CHIEF WE THE STATE DEPARTMENT OF HEAD STATE DEPARTMENT OF THE STAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING TO OR 2 xxx 11-21-19 86 Passenger of pick-up truck/fixed object impact CONTRIBUTING CAUSE OF DEATH 714 INJURY OCCURRED THE PLACE OF INJURY CATHOME If LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 26-Liberty Rd. Bridge, Carroll MD road 220. I certify that mook charge of the remains described above, held an Autopsy Naturalicauses death resulted from: Undetermined manner GECUTE THE CREATE AGE 4 SHOULD PER DEATH WITH PAIR DEATH WITH ALTUMORE, ALTU TITLE (SPECIFY) ACTUAL DATE 11-21-86 MD Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. ADDRESS 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) AFE 230 BURIAL, CREMATION, REMOVAL 236 DATE 73r NAME OF CEMETERY OR CREMATORY Keysville Union Cem. 11/23/86 Keysville, Carroll, Maryland Burial 07/84 BP. ADDRESS 36 E. Baltimore St. MOVES 186 24. FUNERAL DIRECTOR **DHMH - 17** Skiles Funeral Home Taneytown, MD 21787 (VR A15 ME (5))

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			1-11		

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME MONTH YEAR 2b. HOUR (TYPE OR PRINT) Ruth Schaeffer Knouse 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR Female White 22 YRS TO BIRTHPLACE (STATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland Carroll WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Nestminster Carroll County Gen. Hospita chool Teache 136. COUNTY 1 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE arvland inksburg 2667 NO X Sandymount Rd. 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE MIDDLE FIRST Albert Bush Schaeffer Nina Thelma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT IYES, MO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 661 Sandymount 220-18-186 John E Knouse APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF mon wow Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AN A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ď IN CERTIFYING CAUSES OF DEATH? ne YES | NO YES 🗔 NO [ iol-tronsit 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a. [ certify that (1) (this haspital) attended the deceased from. 6 sow the deceased alive on\_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 5 obove, (1) (we) (did) (did not) view the body ofter death DEGREE 22¢ DATE SIGNED ATTENDING FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ld b 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION (SPECIFY) CITY OR TOWN COUNTY STATE vergreen Memorial RALDIRECTOR Son F DHMH - 16 60M 7/84 Julia Dividson- Kandall (VRA 15, 4)

STATE OF MARYLAND



ather

18 show

CERTIFICATION

MEDICAL

2025031

1 DECEASED NAME

Female

Maryland

Westminster

Maryland

FATHER'S NAME

Luigi

O. BIRTHPLACE (STATE OF FOREIGN

CITY OR TOWN OF DEATH

Mary

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

R.

7b. CITIZEN OF WHAT COUNTRY?

4 RACE

Baltimore

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO.

White

U.S.A.

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HY

LAST

5. DATE OF BIRTH August 4,1

WIDOWEDY

NAME OF HOSPITAL, NURSING HOME OR OTHER INS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Carroll County General Ho

Gagliano

MARRIED A NEVERA

CERTIFICATE OF D

LaRocca

134 INSIDE C YES [

17 INFORMANT

15. MOTHER'S MAIDEN NAME

Giovanna

EATH	REG. NO.					
	20. DATE OF DEATH MONTH	DA		YEAR	Zb. HOL	
	November 20,19	86			6:35	PM
	6 AGE (IN YEARS LAST BIRTHDAY)	_		RIYEAR	IF UNDER	24 HRS
915^*	71 YRS		INTHS	DATS	HOURS	MIN.
AARRIED 🗆	9. BALTIMORE CITY OR COUN	TYC	F DE	ATH		
ORCED	Carroll County					MD.
mution spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired	LIFE)		KIND O USTRY Tai	F BUSINI	SSOR
ITY LIMITS?	13e STREET ADDRESS / ZIP CO 3328 Garnet	DE RC	ad	212	234	

MIDDLE

ADDRESS

NO	215-09-2305	Mr. Bours 1. Banocca 62	o initaderbura
18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATE	y one cause per line for (a), (b), and (c) 1 D BY: CARDIOP (LLM) E CAUSE (a)	ONARY ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH M/NUTES
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	SSTIVE HEART FAILURG	YGARS
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		

190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTO	OPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT		
	Committee of the Committee of the		YES [	NO	YES [		NO 🗌
71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR		RY IN ITEM 18 PART I OR PART ?}		
716 INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOV	wn c	OUNTY	STATE

NOVEMBER and that in (my) (our) opinion death occurred on the date and hour and from the causes stated the deceased plive on\_ (did not) view the body after death DEGREE ATTENDING MEDICAL STATE

77e ADDRESS

1702 Liberty Road, Eldersburg, Maryland

Arthur Lomant M.D. 230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY Burial Most Holy Redeemer

Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

should be detached for with the State Dept. of H

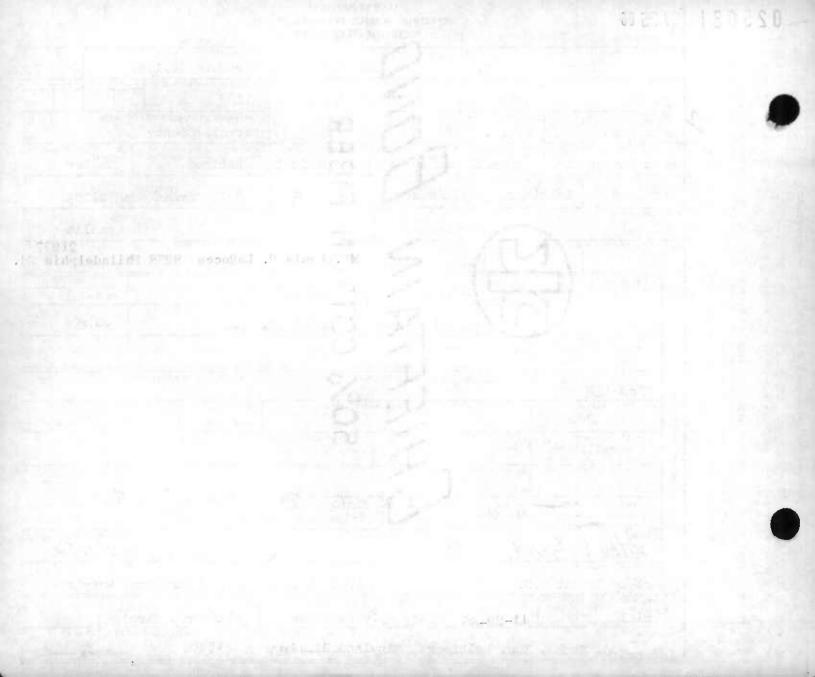
FUNERAL DIRECTOR: After this certificate

24 FUNERAL DIRECTOR

Leonard J. Ruck , Inc. Baltimore, Maryland 212141

STATE

Canalle



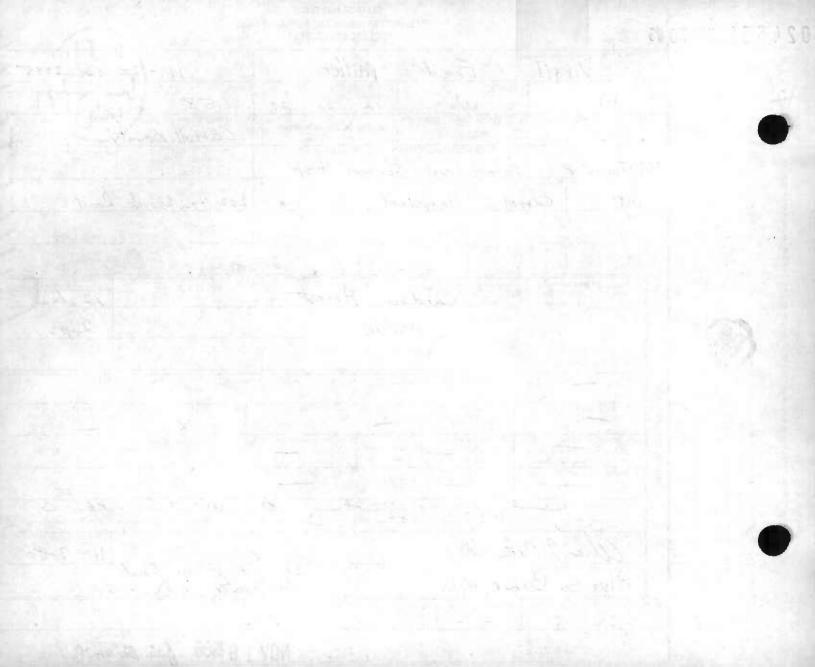
		1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 2	0 0	)
020	001		STATE MEDICAL EXAMINEDES CERTIFICATE OF PRATIL			
070	U 9 1 DEC			REG. NO.		
/	BERRE &		GORANUILE LEMASTER OF EST	TI	26 1986 20	35
200	E SE SE	3 SEX	MONTH OF THE DATE	MONTH		IOUR
K	ARY ON 72 NO 72	M.	ALE WHITE 11-9-1906 80 YRS. MONTHS MAIN PRONCONCED DEAD	1/2	6 1986 21:	33
-	開発を直接人	/a. B	MARRIED NEVER MARRIED	CITY OR COUNTY	OFDEATH	
	25.03/7	VVC	ST VIRGINIA VNID STATES WIDOWED DIVORCED TO OTHER INSTITUTION 1/20 USUAL OCCUPATION	C-14/	-12066	MD
	SHALL OF	Mari	FOR MOST OF WORKING L	JIPE) (TYPE OF WORK	26 KIND OF BUSINES	5
100	DON'S DE	USU/	L RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		Ketineo	-
2120	SPECTON SPECTO	13a. S	TATE 136. COUNTY WIZSTMIMTED 136 INSIDE CITY LIMITS? 130. STREET ADDRESS VES NO 12 2090 N	CODE	MUS ROA	0
BALTIMORE, MD.	PM 3.	14. F/	ATHER'S NAME  FIRST MIDDLE LAST IS MOTHER'S MAIDEN NAME  FIRST MIDDLE MIDDLE		. LAST	
DRE,		1	ames S. Jemaster Minnie	Anns	strong	
TIM	E G C S S	16a V (Y	VAS DECEASED EVEN IN U.S. ARMED FORCES?	DDRESS 209	EAST INN'N	Avc.
BALI	GIVE GIVE PAG DIVISE		NO HIS GIVE WAR OR DATES   216-03-5406 Hildre Lemaska	L HAge	astown, ma. 21	740
T.	M M M M		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	-11-14	APPROXIMATE INTERVA	AL EATH
PRESTON ST	VAL SERVICE	-	O O IMMEDIATE CAUSE (O) MILLET INTE FILER TURES HEAVY	CHIESI		
REST	N A STAN		Conditions, if only, which	-65	1	
	MAN		gave_rise_ta_immediate			
201	N AN		lying couse lost.			
DS.	AND AND	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)			=
DIVISION OF VITAL RECORDS, 201 W.	EAST SEED	20	The result of th			
1 8	BP APP	ATK	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20 AUTOPSY?	
MA /	283555	CERTIFICATION			YES NO	
OF.	HAT SHO	CER	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	ITEM 18 PART I OR PART	1	
20	SHOOT SO	CAL	CONTRIBUTING CAUSE OF DEATH P.M. 19			
VISI	OF DEPOSIT	MEDICAL	21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME, 21f. LOCATION  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN	COUN	17 ST	ATE
٥	WRITH WARDE WAGE 3 PAGE 3		WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN  CITY OR TOWN			
	ATE. T ORW ORW TE ST HE ST		228. I certify that I took charge of the remains described abave, held on Autopsy . Inspection . Inquiry	and in my opin	nian	
	AN HE WELL		death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined manner			
	WAN DEER		ACTUAL OPINION OF THE (SPECIFY)	11	121.06	
	DICAL TE THE 4 SHOUNERAL DEATH, AORE, A		SIGNATURE M.D. S.S. DE MEDICAL EXAMINER	SIGNED	-600	
	AEDI POPE POPE POPE POPE POPE POPE POPE POP		EXAMINER'S NAME DAYLES + WELLIFT MD. 218 WASHIN	LOIVIV +	CHIS	
	TO MEE EXECUT PAGE 4 TO FUN BAGTIAN	22a Bi	(TYPE OR PRINT) ADDRESS WESTMAN  JRIAL, CREMATION, REMOVAL 1236, DATE 1236, NAME OF CEMETERY OR CREMATORY 1236 LOCATION	VSE	MI	
07/04		R	PECET COLONIA IN CONTROL OF CHIVORTOWN	COUNT	none m	0
07/84 25M	BP	24 /		b REGISTRAR'S SIC	none m Gnature	1
	DHMH - 17 (VR A15 ME (5))	14	254 E. Main St Westminstery med DEG 2 1986	Julia Dini	bon. Randallo	
	97015	-	\$1157	4		

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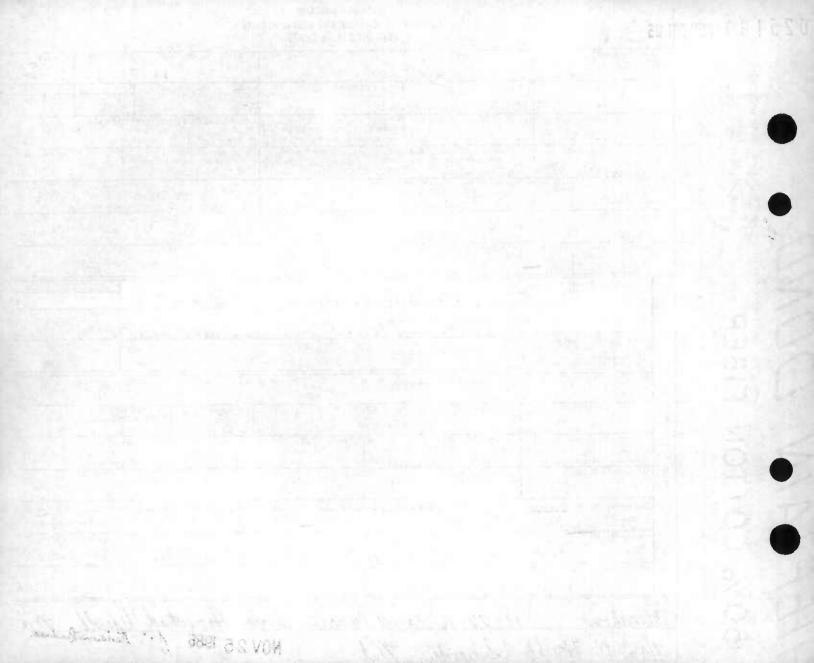
	*	STATE REGISTRAR			CERTIFICAT	TE OF DEATH	REG	, NO.			
		CEASED NAME FIRST		MIDDLE	LAST		2a. DATE OF DEATH	H MONTH	DAY Y	EAR 2b	. HOUR
# 75 E	(1111	John			Machar	rsky, Jr.		11-	23-	86	
00	3. SE	X	4. RACE		5. DATE OF BIR	TH	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER		UNDER 24 H
4 age 4		Male	W	hite	06 <b>-</b>	07 - 33	53	YRS		DAYS . H	OURS M
2 12-95		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN C	OF WHAT COUNTRY	? 8 MARRIED X	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUN	ITY OF DEA	TH	34
11/2		ennsylvania		S.A.	WIDOWED	DIVORCED [		011 0			
1 21/2	10. C	ITY OR TOWN OF DEATH		OF HOSPITAL, NURS		HER INSTITUTION	12a. USUAL OCCUP		12b. K	IND OF B	USINESS
100		estminster		11 County		Hospital	Analyst(	Inven			ice
1 12 12		AL RESIDENCE (IF NURSING HOME STATE 136 CO		ON, GIVE RESIDENCE BEFO		INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / ZIP CC	DDE		
S SEDE			rroll	Sykes		s NO 🛛		rthol	Low R	oad	217
引 部メレク	14. F	ATHER'S NAME FIRST	WIDDIE	LAST	15. N	AOTHER'S MAIDEN NA	ME	I.F.		LAST	
3 HAVE		John		Machars	ky,Sr.	Mary			Ya	nisl	ζу
D D D 7		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES		CURITY NO. 17. IN	NFORMANT	AD	DRESS			
9 64 4			WII	208-2	4-3037 M	frs. Veroni	ca Machars	sky S	ykesv:	ille	MD
# 98-4		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	anly ane cause	per line far (a), (b), a							TE INTERVAL
the state of the s				Du	Imenas	as Edama					
ng boil rei		IMMED	IATE CAUSE (o),	7-01	271221	y sacrio		_			
carbing carb , or r		E. 100 - 1	DUE TO	OR AS A CONSEO	UENCE OF	10	/				
dec ove fior		Conditions, if ony, which	(b)	750	1 10						
a E 2 =					ralmics	warony	postly				
		gove rise to immediate				adway	pathy				
oy the		gove rise to immediate cause (a), stoting the underlying couse lost.	DUE TO,	OR AS A CONSEQ		(Mawmy	pathy				
ed by the		cause (a), stating the underlying cause last.	( (c)	Cor	UENCE OF	extery Dis	case				
equires that the signed by the Then please related by the following, creminjury, or other	NO	cause (a), stoting the	( (c)	Cor	UENCE OF		COSE OR C	ONDITION (	GIVEN IN P	ART Has	
gne bur bur	ATION	cause (a), stating the underlying cause last.	(c).	Cor	UENCE OF	acher arch		20b. IF	YES, WERE	FINDING	
gne bur bur	IFICATION	Cause (a), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICAN	(c).	CONTRIBUTING TO	UENCE OF	acher arch	20a AUTOPSY?	20b. IF	YES, WERE RTIFYING CA	FINDING AUSES OI	DEATH?
gne bur bur	ERTIFICATION	cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION	(c). IT CONDITIONS	CONTRIBUTING TO	DEATHAUT NOT	achy Mcli AS PERFORMED	200 AUTOPSY? YES NO	20b. IF IN CER	YES, WERE RTIFYING CA	FINDING AUSES OI	
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gne bur bur		Cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTEY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF (IF EITHER NOTEY MEDICAL EXAMINATION OF COURRED	(c), IT CONDITIONS  19b COP  19b COP  21b TIMI HOUR NER)  21c PLACE	CONTRIBUTING TO	DEATH OF THOSE OF THE PROPERTY	achy Mcli AS PERFORMED	20a AUTOPSY? YES NO	20b. IF IN CER	YES, WERE RTIFYING CA	FINDING AUSES OF	DEATH?
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NAV 25 1965 CALLERY, CALLERY

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 024555 NOV 20 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Fred 86 2335 4 RACE 1: SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH M DAY YEAR 58 12 27 20 70. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Va. IISA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Mold Eng. Bio Lab Lounty USUAL RESIDENCE (IE 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Carroll MI Hamosteas 202 Houcksville YES T NO 🛲 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Miller Eugene Hovatter Rosa 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 220-12-6069 Mrs. Mary Miller. Hampstead . Md WW2 ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF ASCUN Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES T NOT CERT 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T | CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) STREET WHILE AT WORK 220.1 certify that (1) this haspital attended the deceased from 10 - 26 86 19 86 that (We) last sow the deceased glive an abave. (1) twe) (did (did nat) view the bady after death. 1986 and that in (my) (our) opinion death accurred an the date and haur and fram the causes stated 22h SIGNATI DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS330 age Road 21157 231. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial STATE 11-12-86 Meadowridge Mem. Pk. Baltimore Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 Eline Funeral Home, Hampstead, Md. (VRA 15.4) Dundon



25	5	6	9	NOV 2	5 18	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYL IEALTH AND ICATE OF	MENTAL HY	GIENE & O	<b>ن</b> ۱۵	2 0	£2 1
						CEASED NAME FIRST		MIDDLE		LAST		20 DATE OF DEATH		AY YEAR	2b. HOUR
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	20	o o	pod r de		3. SI		4 RACE	MOOLE	5. DATE (	OF RIPTH		6. AGE (IN YEARS LAST B	, ,	IF UNDER I YEAR	IF UNDER 24 HRS
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2 1 2	CIN 2				455L	IAT RESIDENCE (IF NURSING HOME (	OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFO	RE ADMISSION)					7/	11111
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3/	9/	or suid comple			1	Henry	C.	Edward	ls	(	Cora	M.		Kimba	
H	1				160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16h SOCIAL SEC	URITY NO.	17 INFORM	ANT	ADDR	RESS	2 ( 2) ( 1)	
N.	1				1	Unknown	IVE WAR OR DATES	220-09-	2795			Hospital C	enter !	Records	5
ORDS, 201 W. PRESTON ST.	and the death continued	requires that the death certif	en signed by the attending phys Then please remove carbangap	٧, ٥	rion	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, C	DRAS A CONSEQUENCE OF AS A CONSEQUENCE	JENCE OF		Carelio	VALUELLA OF COM	disen		2
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	51	BP_	15	<u> </u>	230.	BURIAL, CREMATION, REMOVA	23b. DATE	2-86 6	NAMEOFO	Cumpak	CREMATORY SUU	23d. LOCATION ELYPRIONN LES HAPPE	trad 1	AUNTY /	State
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3662 NOV :	1.	FOR STATE REGISTRAR	D	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE S 6	3 2	2
		CEASED NAME FIRST	WIDDLE	L.	AST .	20 DATE OF DEATH MON	TH DAY YEAR	26 HOUR
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ge 4 mp ector. pc rs ofter o	3. SE	×	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
oth. Pos		RTHPLACE (STATE OR FOREIGN COUNTRY)  Marvland	76 CITIZEN OF WHAT COLUMN	MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY OR CO		MD.
y the further de		TY OR TOWN OF DEATH		NURSING HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Black Smit	RKING LIFE) INDUSTRY	OF BUSINESS OR
in 24 hours	13a.	avisland (2	OR OTHER INSTITUTION GIVE RESIDEN JINTY 136, CITY (		13d. INSIDE CITY LIMITS?	130.STREET ADDRESS ZIF	011	1527
The state of the s	14. F.	ATHER'S NAME FIRST Cleveland		udecker	Alice	WIDDLE	Lepp	
Poge /		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCI.	-0/-4689	Mrs. Laur	a Neudecker,	Westmin	ster, M
death certhicas ottending physical move carbon pape orient, or serioval froumatic event, if		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA  Conditions, if ony, which gove rise to immediate	poly one cause per line far (o) SED BY: ATE CAUSE (a) DUE TO, OR AS A CO	KANIL	10 1,1-	EST HEAPE DISE		IMATÉ INTÉRVAL ONSET AND DEATH
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OR DIRE		Mono	are		DEGREE ATTENDING PHYSICIAN		22c. DATE	6.86
TO HOSPITAL TO FUNERAL Should be det with the State		N. RAJPE	ORPRINT)		224 Wa	slungton +	1/8. Wm	inster
		BURIAL, CREMATION, REMOVA			METERY OR CREMATOR		COUNTY	STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director El The Funeral	l Home, Ham	pstead,		ATENON BY REOS (SANS).	REGISTRAR'S SIGNAT	TURE

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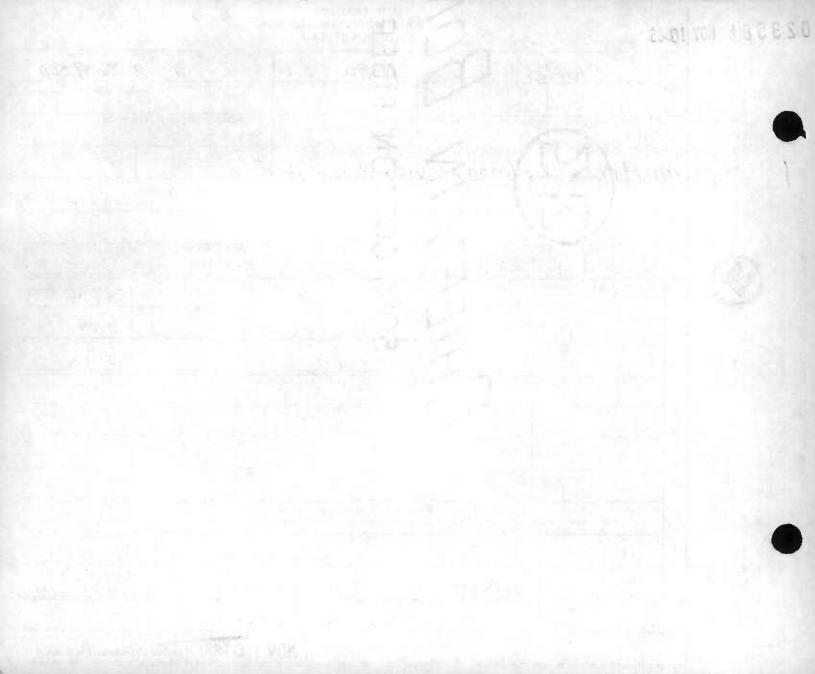
(VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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.8	MEGISTRAR			LKIIII	CAIL OF DEATH	REG. N	0.			
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To.	BIRTHPLACE TOTAL CARDING	76 CITIZEN OF	WHAT COUNTRY? 8			9 BALTIMORE CITY		OF DEATH		
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76.	CITY OF TOWN OF DEATH		OSPITAL, NURSING	HOME O	ROTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS	_
11	nt. Anny	Plea	SOA +	RESS)	Newsing Ho	TRUCK DR		INDUSTRY		
ds.	STATE	THE OR CITHER INSTITUTION	GIVE RESIDENCE BEFORE AD	MISSION)	TOTAL STATE OF THE	Lie CYPECY ADDRESS	/ 71D CODE	21755	5	
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QC.	ATHER'S NAME		100	1723	15 MOTHER'S MAIDEN N					
V	JAMES	PETER	NOTT	A	VIRGIN	NIA		STÎ	RONG	
1tie.	WAS DECEASED EVER IN U.	5. ARMED FORCES?	166. SOCIAL SECURIT	Y NO.	17 INFORMANT		ESSJeff	erson,	4D 217	55
V	NO DE THENDAM	N/A	577-52-26	19	Joseph Fitz	patrick 6504	Moun!	tain C	nurch I	Rd.
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	PART I. DEATH WAS C.	AUSED BY:	10-0		ora arros	+			nty	
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	Conditions, if any, which		R AS A CONSEQUENC	TO	tatio oces	ncer		64	w.	
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	underlying couse for	DOL IO, O	R AS A CONSEQUENC	LAC O	1 luna			24	RS	
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CERTIFICATION	1% DATE OF OPERATION	196 CONDI	TION FOR WHICH OF	ERATION	WAS PERFORMED	20a AUTOPSY?		, WERE FINDI		
Ĕ						YES NO		YING CAUSES	NO [	
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10.00	OR CONTRIBUTING CAUSE	OF DEATH	M. MONTH DAY	YEAR 19						
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	22s. I certify that (1) (this.	hipspital) attended th	e deceosed from	9/11	1 19 86	2 10 11/	3	19 872	that (I) (we)	last
1	saw the deceased of	ye on 10/2		, an	d that in (my) (aur) apinio	an death occurred on the a	ote and hour	and from the	causes stated	t
	77h SIGNATURE	not view the body	affer death.	0	DEGREE			22c. DATE	SIGNED	
	MINULA	11/180	citale		ATTENDING PHYSICIAN	MEDICAL STA		l.	1/4/80	
1	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS	A DIRECTOR THIS	),	Colu	LUA	
	MOVIN	4 Kord	Lon M	1)	2000 CQ	utury t	NAZO	NY B	21000	1
230	BURIAL, CREMATION, REMO	OVAL 23b DATE	23c NA/	ME OF CE	METERY OR CREMATOR	Y 23d LOCATION		1012	109	/
	CREMATION	11/6/8			N MEM.GARDS	CITY OF TOWN	K FR	EDERIC	K MD	
24.	FUNERAL DIRECTOR G.					ATE REC'D. BY REGISTRAR	256 REGISTE	RAR'S SIGNAT	TURE	
1	1621 Opossum		ADDRESS	, ME	21701	DV 1 0 1986	Julia d	Twidern:	Randale	
	TTEL OPOSOUM						11/			



1			1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC	GIENE 8 6 3	2023
	0070			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
126	2860	EC -	TYPE	EASED NAME FIRST OR PRINT) James	MIDDLE S IN	Oponne 11	20. DATE OF DEATH MONTY 86	Y YEAR 26. HOUR 1939.
	poge 3		3. SEX		4. RACE	5. DATE OF BIRTH	,,,,,,,	UNDER I YEAR IF UNDER 24 HRS
	oge 4 r			M	W	3 30 20	66 YRS.	ONTHS DAYS HOURS MIN.
0	eoth. Po	S Land		OUNTRY MASS.	76 CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Carrolf Cour	of the MD.
dh	of the fo	40	10. GI	ry or town of death 25+minster	11. NAME OF HOSPITAL NURSIN	Breen 1. HOSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Inspector	126 KIND OF BUSINESS OR
NO 34	24 hours	15	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME) TATE 136 COUP	OTHER INSTITUTION GIVE RESIDENCE BEFOR	, , , , , , , , , , , , , , , , , , , ,	13. STREET ADDRESS / ZIP CODE	Dr 21157
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AAR	1 1	6		James F	o Dor	nnell Elizab	eth M.	Chew
SE.	1 CO 1	9 /	16a V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS	Citew
WO	9 00 do	9 /		es, no or unknown) (IF yes, givi	TT 017-18-	-8386 Mary D. O'	Donnell 13e	
ALTI	2 2 2	21.			ly one cause per line far (a), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	A AND	- Series	18	PART I. DEATH WAS CAUSEI		100 asled Infarc	trou	2 hours
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510	1	040		Canditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF		
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05, 201	ugned her pled to buriel	jury, ar	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART 11a
RECORD	n. nos been permit. I	Cont	CERTIFICATION	19a. DATE OF OPERATION	19b, CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NOT YES	WERE FINDINGS USED ING CAUSES OF DEATH?
AT	the state	2	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
OF.	34 415	17		OR CONTRIBUTING CAUSE OF DEA		AY YEAR		
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	or, p	3 SE	Tennis	4 RACE	5. DATE C	OF BIRTH OAY YEAR	6. AGE (IN YEARS LAST B		ONTHS OAYS	IF UNDER 24 HRS HOURS MIN
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	OR ATT e hospi DIRECT sched fo Dept. of		22b. SIGNATURE	at) view the bady after death.		DEGREE	4		22c. DATE	SIGNED
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₽ ₽ ₽ BP	v 3 ≤		SURIAL, CREMATION SPECIFY) Burial	I, REMOVAL	236. DATE 11-15	-86	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION Baltimor	e, Mai	cyland	STATE

DHMH - 16 60M 7/84 (VRA 15, 4) PUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD 21222

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

				STATE OF MARYLAND	8 6	5 6 4 6 0
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	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
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Harry		nson	Richar	rds	Mai	by	Sche	operd	Kantr	ier
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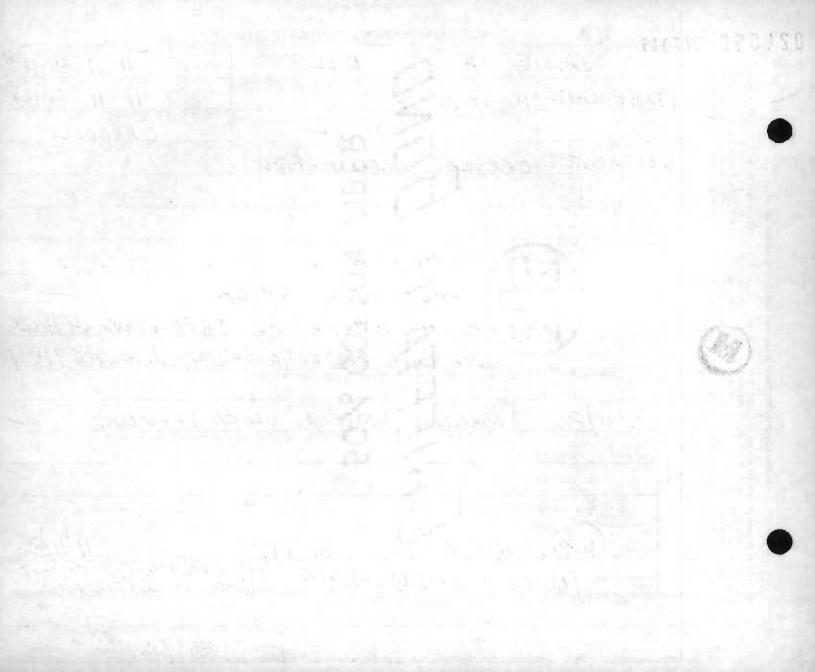
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SI INA	City	TY OR TOWN OF DEATH	/16	AME OF HOSP		,	12a. USUAL OCCUPAT		D OF BUSINESS OR
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A STORY		ryland	Carro]	11 Sy	kesville	YES NO	5526 Jim	Pickett	Rd.
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END to lo		22a. I certify that (I) (the saw the deceased		ended the dea		and that in (my) (our) anin	ian death accurred an the d	ate and hour and from t	, that (I) (we) last
OR ATTO DIRECT oched for Dept. of f tem 2		observa (f) (we) (did)	(dud nat) view	the body after	death.	DEGREE	and death decorred an me a		TE SIGNED
		18KX	ner	16	V	17 ATTENDIN	MEDICAL STA	FF F	11.86
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AND 212	13a. 1		OR OTHER INSTITUTION UNITY	134. CITY OR TOV	VN	13d INSIDE CITY LIMIT	5	STREET ADDRESS	Pick		1784
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ST.,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	IATE CAUSE (0)	r line for (a), (b), o		VI				BETWEEN C	MATE INTERVAL DINSET AND DEATH
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OR ATTENDINU the hospital ar of DIRECTOR: Afti sched far use as Dept. of Health f Hem 21 is mort		220.1 certify that (1) (this ho saw the deceased alive (1) (we) (did) (did				d that in (my) (aur) api			- 31		
O HOSPITAL ( etonined by the TO FUNERAL I should be deto. with the Store II		R.V. House	E OR PRINT)	1	<u>X</u> 1	27: ADDRESS 6500 PAL	WRA	EDICAL STAF ECTOR PHYSIC		11-1	1-8C
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e 6.5		CEASED NAME PRST	MIDDLE CAST LAST 20. DATE OF DEATH MONTH	
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the he he to DIRE etoche te Dep		27b. SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN POIRECTOR PHYSICIAN	11/6/86
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BP	23a	BURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY	COUNTY MARKE
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(VRA 15, 4)		Harry W. Hay	oht Sykewille Ma NOV 12 1986 5	Line parties

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35, 201 W. PRESTON ST.	vers that the doots certification by the attending p	ury, or other frounds's eve	Z	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA  Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A COL  (b)  DUE TO, OR AS A COL  (c)  CONDITIONS CONTRIBUTION	NSEQUENCE OF	NOT RELATED TO THE TER		DITION GIVEN IN PART 1	Kueun
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•	AL OR ATTENDED THE hospital or AL DIRECTOR: All betterbed for use of effective designation of the control of th	7. # Nem 21 is ma		22a.1 certify that (1) (this hosp	or view the body after death	7. 2. /	nd that in (my) (apr) apinio DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	P 22c. DAT	that (I) (we) last the causes stated
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	A DE SE	n	ALE WHITE	DATE OF BIRTH	10011	AY) MONTHS DAYS	HOURS MIN	PRONOUNCED	MONTH /	DAY YEAR	2d HOUR
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	oge 4 mcrector. p	3. SE	m	4. RACE	Bei	S. DATE C	DAY YEA	S-	51	YRS		IF UNDER 24 HRS HOURS MIN.
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BALTIMORE, MARYLAND	Impletely Share	) 14. F	ATHER'S NAME FIRST Edward	WIDDIE	Thoma		15. MOTHER'S MAIDE		MIDDLE	Ga	rris	son
IIMORE,	adica		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIT UNKNOUN -	RMED FORCES? VE WAR OR DATES)		32-571	Elsie	L. The	ADDRES	s 3 <b>e</b>		
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W. PR	that the d by the ecose rem of cremo		gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, O	R AS A CONSE	EQUENCE OF		11.90			•	
RDS, 20	n signer Then plants to be injury, a	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THI	E TERMINAL DI	SEASE OR COND	ITION GIVEN I	N PART 110	3
AL RECO	The law rician. te has been sit permit. rgrene prior	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a YES	AUTOPSY?	206. IF YES, WE IN CERTIFYING YES		OF DEATH?
OF VIT	SICIAN: Ting physicing physicing certificate iniol-transitental Hygintern 18 sh	OLD THE REAL PROPERTY.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE)	A1111		DAY YEAR	21¢ HOW INJURY O	OCCURRED (EN	TER NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)	
NOISION	of PHYS  per this c  s the bur  nond Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFF	EICE FARM ETC )	21f. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
٥	TTENDIN pital or TOR: Af- for use a of Heoliti 21 is mo.		22a.l certify that (1) (this hasp saw the deceased olive on above, (1) (we) (did) (did no		16	61	d that in (my) (aur) ap	86 , to	// - / G			that (1) (1) lost
0	at OR A the hos at DIREC etoched te Dept.		22b. SIGNATURE	Borlly			DEGREE ATTEND	ING MEDI	CAL STAFF		22c. DATE S	SIGNED 16-86
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	P = ≥ ± 3 ≥ <del>1</del>	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 11/19			ew Memor		LOCATION CITY OR TOWN  Ldersbu		yrol l	STATE L MD
D	OHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR 312	washi	ington	Road Stmins		0V'2'4	1986 TRAP	REGISTRAR	SSIGNATE	

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2 a 12 of the property was	104	oled on	11/11/	Carried Carried		

HEART FAILURE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OF TOWN STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF DIRECTOR | PHYSICIAN | 230 BURIAL, CREMATION, REMOVAL 23b. DATE 24 FUNERAL DIRECTOR D. BY REGISTRAR 256-REGISTRAR'S SIGNATURE

2b. HOUR

12b, KIND OF BUSINESS OR EXECUI

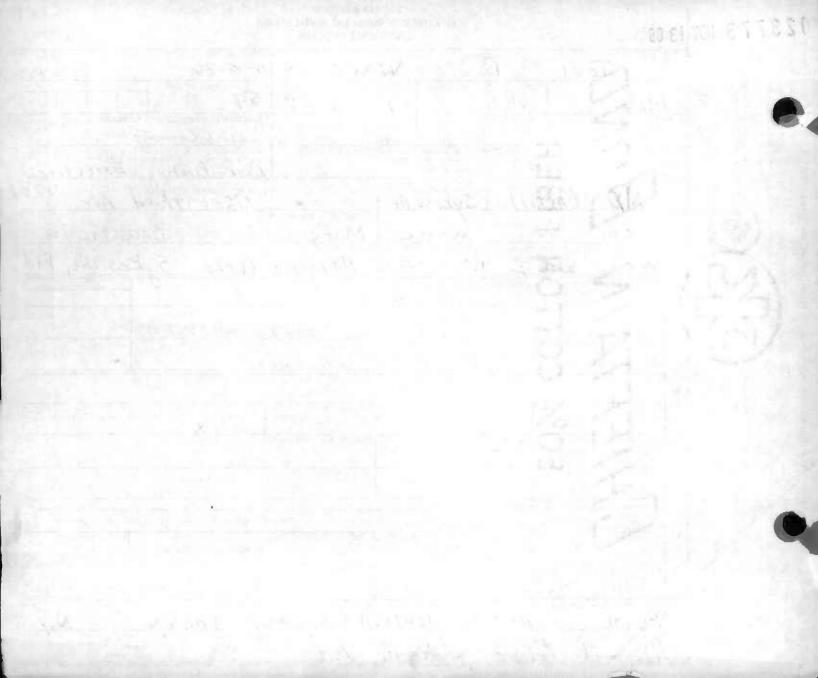
IF UNDER 1 YEAR

10120 A

IF UNDER 24 HRS

DHMH - 16 60M 7/B4

(VRA 15, 4)



0.0		1	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN 0 3 2	0 3 8
UZ	5492	DEA.	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	ET. SS. E.S.		OPECEASED NAME (TYPE OR PRINT) MORL	AN M. WAREHIME 20. DATE KNOWN MONTH OF ESTI- DEATH MATED 1	2) 1966 1824
	ARY, PLEASE A DIRECTOR. YOUR FILES. IN 72 HOURS	3.	MALE WHITE	DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY)  1 1000  1	ZI 1986 1424
	CESSAR' JERAL D YOR YOR THE N 7	3/7	BIRTHPLACE (STATE OR 76.	CITIZEN OF WHAT COUNTRY?	Y OF DEATH
	NECESSA FUNERAL FOR Y FOR Y FOR THE IN	10	MARYLANDI	INITED STATES WIDOWED   DIVORCED   CARR	OLL MD
4	PAGE PAGE PAGE	-210	WEST MIN TEX	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  CHROLIUL CO, CEN, HOSYITAL  DAIRY RETAIL	126 KIND OF BUSINESS OR INDUSTRY
6	S S S S S S S S S S S S S S S S S S S	2 4	SUAL RESIDENCE (IF IN NURSING HOME OR OT	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION}	PIKE
	AND SHOUL	0	MARYLAND CARI	2014 WESTH) WSTEA YES NOW 393911+11EST	WN ROAD.
	E-823	1	FATHER'S NAME	NODLE LAST IS. MOTHER'S MAIDEN NAME FIRST TO THE MIDDLE	m LAST
1.0	A C C C C C C C C C C C C C C C C C C C	4	a. WAS DECEASED EVER IN U.S. ARMED	DEORCES? 166 SOCIAL SECURITY NO. 117. INFORMANT ADDRESS PIR	4 WESTON
	PRESION ST., BALTIMORE, ITHIN 2-FIGURES AFTER DEA' CILLIN TEAN 18 GIVE RAGES AND TREAST. PAGES 1 AND ALH GIENE, DI SION OF	/	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR		The Town
07	SS	\		ne couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
110	Z N N N N N N N N N N N N N N N N N N N		PART I DEATH WAS CAUSED BY	ACUTE MYOR ADIAN. THEADOTION	BETWEEN ONSET AND DEATH
	2 PORTO		MANEDIATEC	( DUE TO, OR AS A CONSEQUENCE OF	10.7.7.7.0
	AARRA	N. A.	Conditions, if any, which gove rise to immediate	(b)	
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	CUTEC IN P	NO.		(c)	
	TECORDS,  TO BE EXECUTE  MEDICAL  ANDICAL  ANDIC	CREMATION		TRIBUTING 10 DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	
	로 금도 이유		19ª DATE OF OPERATION 21ª EXTERNAL CAUSE WAS	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	SHOULE ORD "PI	X /			YES NO
	> 07		21a EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR P	
	ART OF STANK	8	CONTRIBUTING CAUSE OF DEA	YTH P.M. 19	
	S CER	2	UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 211 LOCATION COL	UNTY STATE
	= > 4 0 5	21201	WHILE NOT WHILE AT WORK		
	m =	AND,	226 I certify that I taak charge of	f the remain described abave, held on Autopsy 🔲, Inspection 🖳 Inquiry 🔲, and in my op	nnon
	3 E 0 W = 3	<b>S</b>	death resulted from: Naturals	guses , Accident , Suicide , Homicide Undetermined monner .	
	CAL EXA THE CERI SHOULD ERAL DIRI	MARY	ACTUAL (	1 Alburier Destriction DATE	11.71.01
	WEDICAL BE A SHOUNERAL BE DEATH,	K. K.	SIGNATURE	M.D. D. D. MEDICAL EXAMINER SIGNE	CHIC
	TO MED EXECUTION PAGE 4 TO FUN AFTER D		EXAMINER'S NAME DAVIL	EL I. WELLIVER MO LOURESS WESTMINETER	MARYLAN
	EXECU- PAGE TO PU	d	BURIAL, CREMATION, REMOVAL 236	DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION ROUN	NTY STATE
07/		6	The state of the s	V23, 1984 SIMARYSCEMETAR SILVER C	ARRICL MY
25A	DHMH - 17		FUNERAL DIRECTOR	ADDRESS ADDRESS ADDRESS AND ADDRESS AD	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	Э.		
I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	į.	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
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3 SEX 4 F	RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female	White	Feb		68	YRS.	MONTHS DAYS	HOURS MIN
Maryland	U.S.A.	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Garroll C			ME
Mount Airy 1	NAME OF HOSPITAL, NURSIN UF NOT IN SUCH FACILITY, GIVE STREET Plesant View No	ursing		12d USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOMEMAKET	ON F WORKING 1	12b, KIND C INDUSTRY	PF BUSINESS OR
USUAL RESIDENCE (IF NURSING MOMEOR OTH 130. STATE 13b. COUNTY Maryland Freder	13c CITY OR TOW	/N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS A	ZIP COL	nue/ 217	201
14 FATHER'S NAME FIRST Ernest Class	rk Barnhous	se	15. MOTHER'S MAIDEN NAM Catherin		113	Cô	oper
(YES NO OR UNKNOWN)   I IF YES GIVE W.	AR OR DATES)		Franklin E.	Dove, Sr.,	1°227 Anna	Plateau polis, M	Way Id. 2140
18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y: / 12 222	rena .	e Colon G	nen ur	<b>ス</b>	BETWEEN	IMATE INTERVAL ONSET AND DEATH
Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF	/	retostor			
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU	ENCE OF					
PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	0
NO 19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDI IFYING CAUSES YES []	NGS USED OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART   OR PART 2)	

Te PLACE OF INJURY

AT HOME STREET, FACTORY OFFICE, FARM ETC 1

211. LOCATION

COUNTY

opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING

Dr. Arthur G. Manalo, M.D.

MEDICAL STAFF
DIRECTOR PHYSICIAN 22e ADDRESS

187 Thomas Johnson Dr., Frederick, Md. 21701

230. BURIAL, CREMATION, REMOVAL Burial

23( NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery Frederick

Frederick

Dec. 3, 1986 FUNERAL DIRECTSmith, Keeney & Basford Funeral Home 106 East Church Street, Frederick, Md. 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

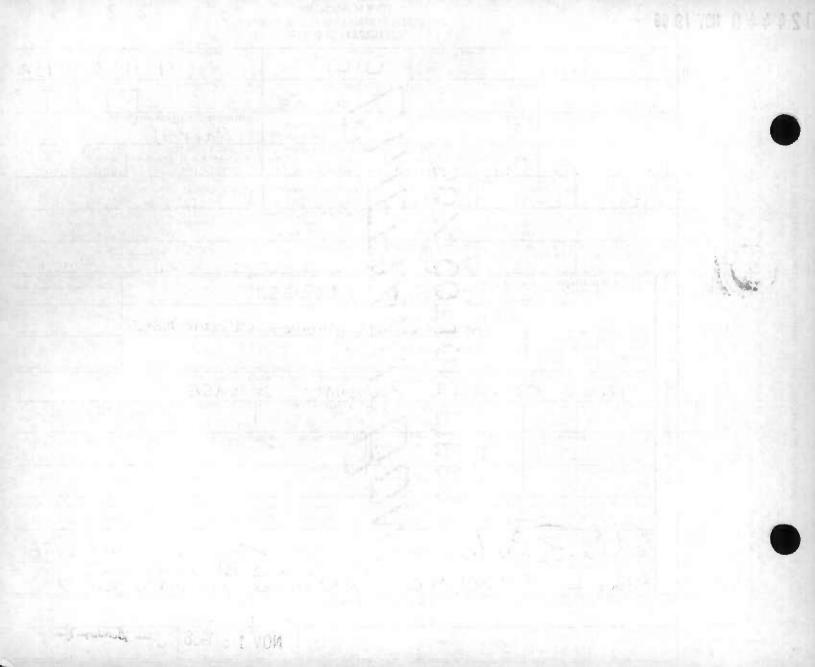
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Nurtel Dec., a court olive Date of court of Colorice o

2441/8 NOV 19 06 FOR STATE REGISTRAR	STATE CERTIFICATE OF PRATE						
	IRST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
(TYPE OR PRINT)	6 m 11:	CHLT	11	16 86 10:13 Pm			
3 SEX	ry Franklin	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.			
E + sette	W	MONTH DAY YEAR	83 YRS.	MONTHS DAYS HOURS MIN.			
70. BIRTHPLACE (STATE OR FORE	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH			
Maryland	Carroll	WIDOWED DIVORCED	Carroll	MD			
= 10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR			
5 Ilostropas	OF NOT IN SUCH FACILITY, ONE STREET	ADDRESS)	Carpenter .	INDUSTRY   Contractor			
USUAL RESIDENCE (IF HURSING	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR						
0 4 22 35	Commod 11		13e STREET ADDRESS / ZIP COD				
Maryland 14. FATHER'S NAME	Carroll   New Wind	ISOT IES NOTHER'S MAIDEN NA	2453 Marston Rd	./21//6			
FIRST	MIDDLE	FIRST	MIDDLE	LASŤ			
. John	David Wilt	Pearlie		Franklin			
16a WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (	U.S. ARMED FORCES? 16b SOCIAL SECUIF YES, GIVE WAR OR DATES)		ADDRESS 2453 Mar	ston Rd			
No No	none 2/3-18-	9033Mrs. Ellen E	Wilt New Wind	sor. MD 21776			
HE CAUSE OF DEATH WAS	Enter only ane cause per line far (a), (b), ar	d (c).1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PARTI DEATH WAS	MEDIATE CAUSE (a) CARD	IAC ARRES	T				
B B S 57 5							
Canditions, if any, w	DUE TO, OR AS A CONSEOU	CEROTIC CORONSET	MASCHAR ) /SBAS	E			
gave rise to immed		weeks a conse	V/ 1200				
couse (d), storing	last. DUE TO, OR AS A CONSEOU	ENCE OF					
5 # P.99 5	(c)						
PART 2. OTHER SIGNIFI	CANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		VEN IN PART I (a)			
e CHRUNIC	ORTHOUNE	CULTONACY	DISGASE				
CHEONIC TION OF THE PROPERTY O	N 196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	208 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?			
AL STEE STEE				ES NO			
A CEITHER NOTIFY MEDICAL	1100000 1 10 10 10 10 10 10 10 10 10 10	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART   OR PART 2)			
OR CONTRIBUTING CAN  CAL D  CAL  CAL  CAL  CAL  CAL  CAL  CAL  CA	JE OF DEATH	19					
ON CONTRIBUTION OF THE PROPERTY OF CONTRIBUTION OF THE PROPERTY OF THE PROPERT	21e PLACE OF INJURY	211 LOCATION					
AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE			
7 - ~ 5 0 v	is hospital) attended the deceosed from_		, to	. 19 that (I) (we) last			
saw the deceased of	(ald not) view the body after death.	, and that in (my) (our) opinion	death occurred an the date and ha	ur and fram the causes stated			
SCHOOL SOLD STATE OF	101	DEGREE		22c DATE SIGNED			
	of Kulome	ATTENDING	DIRECTOR PHYSICIAN	11/16/86			
22d. PHYSICIAN'S NAMI	E (TYPE OR PRINT)	22e. ADDRESS SO (	O PA THEORY	BUND			
O HOSPITAL  From the Store  A MAD A STATE A  TO FUNERAL  With the Store  With	RUDOMY	JOT -	IS BACITURES				
0 % 0 % \$ \$	, , , , , , , , , , , , , , , , , , , ,	2 IMESTANST		2113/			
(SPECIFY)	MOVAL 23b DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE			
BPBurial	11/19/86 Me	thodist Cemetery		Carroll MD			
DHMH - 16 60M 7/B4 24. FUNERAL DIRECTOR	ADDRESS	25a. RA	E REC'D. BX REGISTRAR 256 REGIS	IRAN ENGLISH CONTRACTOR			
		ndsor, MD	7 1 0 1000				



				FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 3 2	0 4 %					
025	16	8 NOV	258	STATE REGISTRAR	CERTIFICATE OF DEATH						
				CEASED NAME FIRST	REG. NO.  MIDDLE LAST 20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR					
	e e	of the	(TYP	E OR PRINT)	(1) F. Wissel 11/22/86	750 1					
	тоу	page er deat	3 SE	X		NDER I YEAR IF UNDER 24 HRS					
	9 e	ector. rs oft		MAle	white MONTH BAY GAR 77 YRS MON	H5 DAYS HOURS MIN.					
	P. Po	2 hou		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF	DEATH					
	dept	The state of the s		1114.	WIDOWED DIVORCED DIVORCED DIVORCED	OTY MD.					
-1	7	the the	7 10 C	ITY OR TOWN OF DEATH		26. KIND OF BUSINESS OR NOUSTRY					
201	J o'sia	Siled mits, o	13	MESUITE UE NUIDE HOLL	Sylves VIII Cloter Care Center Traspector/Bendix	Electronics					
MARYLAND 2120	n 24 ho		13a.	STATE Md. 136 CA	DUNTY SUKESUITE YES NO 130. STREET ADDRESS Crosse	2178 fd.					
RYL	with	Carely Care	14. F	ATHER'S NAME	MIDDLE LAST MOTHER'S MAIDEN NAME MIDDLE	Prast.					
	ted		Rnideh								
BALTIMORE,	oe execu	Pages 1		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS SILL SYKES WILL STATE OF THE STATE OF	md.					
BALT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH										
IMMEDIATE CAUSE (0) Anaplastic astrocy toma						Imonth					
RES	e death	mave nation traui		Canditions, if any, which gave rise to immediate	. )						
3	that th	by the		cause (a), stating the underlying cause last.							
201	es th	pleo priol		PART 2. OTHER SIGNIFICAN	(c) (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART						
RDS,	edoir	Then Then tabu	NO O								
RECO	ow r	s beermit.	CERTIFICATION	19a DATE OF OPERATION		ERE FINDINGS USED G CAUSES OF DEATH?					
LAL	The	sit per	A E		YES NO NO YES	] NO []					
- Y	IAN:	. Gain	16	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DAY YEAR	OR PART 2)					
N	YSIC	burial-tr Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF T	NER) P.M. 19  21e PLACE OF INJURY 21f. LOCATION						
DIVISION OF VITAL RECORDS,	NG PHY	of the things the thought	WE	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE					
	S P	OR: A ar use f Heal		220. I certify that (I) (this has saw the deceased alive	ospital) attended the deceased from, 19, ta, 19, 19, 19, 19, 19, 19, 19						
	ATT	RECTC hed for ept. of tem 21		abave, (I) (we) (did) (did	and not view the body after death.  DEGREE						
	ITAL OR	0 %0 +		Slept	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	11/22/86					
	HOSP	田をいる。		Stephen S	pe or print as his mashing to larght	westningt,					
			230.	BURIAN, CREMATION, REMOV		NTY M STATE					
	BF		24 6	Bunal	11-26-86 The Cathedral Century Bally 18	ma.					
		16 50M 7/77 A 15 (4))	24. 1	HANNY W. A	Haisht Syarville Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR	Condorn Randally					

